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## APPLICANTS

Willi Kaiser, Emmendingen, GERMANY;  
Martin Findeis, Freiburg, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\* *none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *u*

\*\* 03/26/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

Neal D. Marcus  
FOLEY & LARDNER  
One IBM Plaza  
330 North Wabash Avenue, Suite 3300  
Chicago, IL 60611-3608

## TITLE

System and method for determining the likelihood of the presence of a condition of a patient's heart

<b>FILING FEE RECEIVED</b> 1034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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